

# Newton Food Service Self-Inspection Checklist

Date: \_\_\_\_\_

Manager: \_\_\_\_\_

## Personal Dress and Hygiene

	Yes	No	Corrective Action		Yes	No	Corrective Action
Employees wear proper uniform/ shoes _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hands are washed thoroughly and frequently, for 20 seconds _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hair restraints worn _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Smoking only in designated areas _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernails are short, unpolished, and clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Eating, drinking and chewing gum observed only in designated areas _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Jewelry is limited to simple earrings, and plain ring _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employees taking appropriate action when coughing or sneezing _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed before and after glove use and are changed at critical points _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Disposable tissues are used and disposed of when coughing or blowing nose _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Open sores, cuts, or splints and bandages on hands are completely covered while handling food _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hand sinks stocked (soap, towels, hot H <sub>2</sub> O) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employees remove apron before using restroom _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Employees not working when ill _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand are only washed at labeled hand sinks _____	<input type="checkbox"/>	<input type="checkbox"/>	_____				

## Food Storage and Dry Storage

	Yes	No	Corrective Action		Yes	No	Corrective Action
All expired foods are thrown out _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	There is no bulging or leaking canned goods in storage _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food and paper supplies are at least 6 in off the floor _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Food is protected from contamination _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
All food is labeled with name and date _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	All surfaces and floors are clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
The FIFO (First In, First Out) Method of inventory is being practiced _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Chemicals are stored away from Food and food-related supplies _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not stored under sewer _____	<input type="checkbox"/>	<input type="checkbox"/>	_____				

## Large Equipment

	Yes	No	Corrective Action		Yes	No	Corrective Action
Food slicer is clean to sight and touch _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Equip. on serving lines, storage shelves, cabinets, ovens, ranges, fryers, and steam equip is clean to sight and touch _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food slicer is sanitized between uses when used with potentially hazardous foods _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Exhaust hood and filters are clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Refrigerator, Freezer and Milk Cooler

	Yes	No	Corrective Action		Yes	No	Corrective Action
Thermometer is conspicuous and accurate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Proper procedures have been practiced _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is accurate for piece of equipment _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	All food is properly wrapped, labeled and dated _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is stored 6 inches off the floor in Walk-ins _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	The FIFO method of inventory is being practiced _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unit is clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____				

## Food Handling

	Yes	No	Corrective Action
Frozen food is thawed under refrigeration or in cold running water _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to be in the temperature danger zone for more than 4 hours _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is tasted using proper method _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is not allowed to become cross-contaminated _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Produce is washed before prep _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food not prepped at large quantities _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Food is handled with utensils, clean gloved hands or clean hands —	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are handled to avoid touching parts that will be in direct contact with food _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reusable towels are only used for sanitizing equip. surfaces, and not — for drying hands, utensils, floor etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Utensils and Equipment

	Yes	No	Corrective Action
All small equipment and utensils including cutting boards are sanitized between uses —	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment and utensils are air dried —	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch —	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils in good condition, cutting board is smooth and cleanable _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gaskets on refrigerator in good repair _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Thermometers are washed and sanitized between each use _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener clean to sight and touch _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drawers and racks are clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, or otherwise protected from dust or contamination when stored _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ice machine and bin clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Hot Holding / Cold Holding / Cooling

	Yes	No	Corrective Action
Unit is clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is heating to 165° F before placing in hot holding _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is cooled to appropriate temp. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is kept cool at 41°F _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Temp. of food is being held above 135° F _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is protected from contamination _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Cleaning and Sanitizing

	Yes	No	Corrective Action
Three –compartment sink used for ware-washing (wash, rinse, sanitize) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine test kit or thermometer used to check sanitizing rinse _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water temperatures accurate _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sanitizing soln. set up before beginning of Food prep., red buckets used _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Green buckets are used for cleaning Surfaces before sanitizing _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Chemical sanitizer is proper dilution _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water is clean, free of particles —	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are allowed to dry _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths stored in sanitizing solution while in use _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemicals are properly labeled —	<input type="checkbox"/>	<input type="checkbox"/>	_____
If used 3 Bay cleaned before and after use _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Garbage Storage, Disposal, and Pests

	Yes	No	Corrective Action
Kitchen garbage cans are clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Garbage Cans are emptied as necessary _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boxes and containers are removed _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loading dock, dumpster area clean _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Corrective Action
Dumpster is closed _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Screens on open windows and doors _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
In good repair _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
No evidence of pests are present _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Facility / Records

	Yes	No	Corrective Action		Yes	No	Corrective Action
No sewage backup _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Restrooms cleaned and stocked _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Backflow device is installed _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Permits/ Certificates posted _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hoods cleaned per fire code quarterly _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	HACCP Plan on site, proper records _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lights over food shielded _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Choking certificate recorded _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grease traps cleaned monthly _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Emergency action plan readily avail. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
				Is there a PIC there today _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Food Safety / Receiving

	Yes	No	Corrective Action		Yes	No	Corrective Action
Foods covered _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Receiving temps. are checked _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods protected against consumer contamination, ingredients posted _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	for correct temperatures _____			
Foods in good condition _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dented/ swollen cans (end seam and lid) are not accepted _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods are cooked to proper temperature _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	and discarded _____			
Dish machine and rinse pressure appropriate temp. and pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	Shellfish tags present on received shipments _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
(15-25 psi)							